

Examples of Forms

Ten-Year Capital Program Summary – C1

Capital Project Request – C2

Capital Project Request Report Summary – Predesign C2

Agency/Institution Project Cost Summary and Project Cost Estimate – C100

Capital Budget Applicants Questionnaire (Growth Management Act)

Expected Use of Bond/COP Proceeds

Narrative Description of Backlog Reduction Plan

Annual Maintenance Summary Report

Budget and Allotment Support System (BASS) Security Maintenance

State of Washington
C1 - Ten Year Capital Program Summary

Budget Period: 2003-05
Agency: 105 Office of Financial Management
Version: VR BASS Practice

<u>Agency</u>	<u>Project by Fund/Appropriation Type</u>	<u>Estimated</u>	<u>Prior</u>	<u>Reapprop</u>	<u>New</u>	<u>Estimated</u>	<u>Estimated</u>	<u>Estimated</u>	<u>Estimated</u>
<u>Priority</u>		<u>Total</u>	<u>Expenditures</u>	<u>2003-05</u>	<u>2003-05</u>	<u>2005-07</u>	<u>2007-09</u>	<u>2009-11</u>	<u>2011-13</u>

Project Class: Preservation

0	2004-1-003 Department Omnibus Minor Works-BASS								
	057-1 State Bldg Constr-State	310,000			310,000				
0	2005-1-001 WWU: Dorm Retrofitting-BASS								
	057-1 State Bldg Constr-State	7,500,000			500,000	2,000,000	5,000,000		
	Project Total:	7,500,000	0	0	500,000	2,000,000	5,000,000	0	0
Total:	Preservation	7,810,000	0	0	810,000	2,000,000	5,000,000	0	0

Project Class: Program

26	2003-2-001 Downtown Olympia Parking Garage								
	057-1 State Bldg Constr-State	8,000,000			80,000	800,000	7,120,000		
Total:	Program	8,000,000	0	0	80,000	800,000	7,120,000	0	0

Project Class: Alternate Financing

0	2001-3-001 Records Center Expansion								
	241-1 COP Construction Acc-State	3,956,000			3,956,000				
	289-1 Thur Cty Capital Fac-State	344,000			344,000				
	Project Total:	4,300,000	0	0	4,300,000	0	0	0	0
Total:	Alternate Financing	4,300,000	0	0	4,300,000	0	0	0	0

C1 - Ten Year Capital Program Summary

Budget Period: 2003-05
Agency: 105 Office of Financial Management
Version: VR BASS Practice

	Estimated <u>Total</u>	Prior <u>Expenditures</u>	Reapprop <u>2003-05</u>	New Approp <u>2003-05</u>	Estimated <u>2005-07</u>	Estimated <u>2007-09</u>	Estimated <u>2009-11</u>	Estimated <u>2011-13</u>
Total Fund Summary								
057-1 State Bldg Constr-State	15,810,000			890,000	2,800,000	12,120,000		
241-1 COP Construction Acc-State	3,956,000			3,956,000				
289-1 Thur Cty Capital Fac-State	344,000			344,000				
Total	20,110,000	0	0	5,190,000	2,800,000	12,120,000	0	0

Budget Period:

2003-05

Agency:

105 Office of Financial Management

Version:

VR BASS Practice

Project Number:

2001-3-001

Agency Priority:

0

Project Title:

Records Center Expansion

Description

Project Class:

3 Alternate Financing

City:

Olympia

Type of Project:

New Facilities/Additions (Major Projects)

County:

Thurston

OFM Priority:

Program need or Requirement

Legislative District:

022

Project was requested in a previous biennium:

Yes

Previous Project ID:

2000-2-003

Compliant with Growth Management Act:

Yes

Project Published Summary:

The Archives and Records Management Division operates the Records Center. The building was completed in 1992 as an addition to the Modular Building in Tumwater, a facility owned by General Administration (GA) on property GA leases from the Port of Olympia.

Project Description:

What is the project and where is it located?
This project is located in the Airdustrial Business Park in Olympia, Washington.

Operating Impact

Fund Code	Fund Title	Estimated					
		Total	<u>2001-2003</u>	<u>2003-2005</u>	<u>2005-2007</u>	<u>2007-2009</u>	<u>2009-2011</u>
001-1	General Fund-State	1,000,000	200,000	200,000	200,000	200,000	200,000
	Total Funds	1,000,000	200,000	200,000	200,000	200,000	200,000

Project Funding

Fund Code	Fund Title	Estimated Total	Expenditures		2003-05 Fiscal Period	
			Prior Biennium	Current Biennium	Reappropriations	New Appropriations
241-1	COP Construction Acc-State	3,956,000				3,956,000
289-1	Thur Cty Capital Fac-State	344,000				344,000
	Total Funds	4,300,000	0	0	0	4,300,000

Fund Code	Fund Title	Future Fiscal Periods			
		<u>2005-07</u>	<u>2007-09</u>	<u>2009-11</u>	<u>2011-13</u>
241-1	COP Construction Acc-State				
289-1	Thur Cty Capital Fac-State				
	Total Funds	0	0	0	0

C2 - CAPITAL PROJECT REQUEST

5/8/2002

Page 2 of 2

Budget Period: 2003-05
 Agency: 105 Office of Financial Management
 Version: VR BASS Practice

Project Number: 2001-3-001 Agency Priority: 0

Project Title: Records Center Expansion

Project Statistics

	<u>Total</u>	<u>Primary</u>	<u>Secondary</u>
Gross Square Feet	47,062	15,562	31,500
Net Square Feet	46,275	14,775	31,500
Efficiency	98.3 %	94.9 %	100.0 %
Escalated MACC Cost per Sq. Ft.	63	191	0

Project Schedule

	<u>Start Date</u>	<u>End Date</u>
Predesign		
Design	07/01/2000	10/01/2001
Construction	10/01/2001	09/01/2002

Cost Summary

	<u>Total Escalated Cost</u>	<u>% of Project</u>
Consultant Services	228,000	5.3%
Pre-Schematic Design Services		
A/E Basic Design Services	32,000	0.7%
A/E Extra Services/Reimbursables		
Other Services	178,000	4.1%
Design Services Contingency	18,000	0.4%
Construction	3,547,000	82.5%
MACC - Primary	2,967,000	69.0%
MACC - Secondary		
GC/CM Risk Contingency	342,000	8.0%
GC/CM or Design Build Contingencies		
Sales Tax	238,000	5.5%
Other	525,000	12.2%
Acquisition		
Equipment	202,000	4.7%
Equipment Tax		
Artwork		
Agency Project Administration	207,000	4.8%
Other	116,000	2.7%

TOTAL ESCALATED COST

4,300,000

CAPITAL PROJECT REQUEST REPORT SUMMARY				FORM Predesign C-2 (Rev. 6/20/01)	
Prepared By:		Phone Number:		Analysis Date:	

Agency Name					Agency Code	
Project Title					Type	Project Number
Plan Priority	OFM Priority	Previously Requested	County	City	Legislative District	
Was Project Included in Prior 10 Years?			If Yes, When?	Prev. Project #		

PROJECT DESCRIPTION		
a. Problem/Justification/Why is this project needed?		Project Mgmt by GA?
b. Proposed Solution/Benefit to public service, strategic goals?		Complies w/GMA?
c. Predesign Issues		
RELATED COSTS: Operating budget costs/savings required for this project including staff and cost of maintenance.		FTE's: Dollars per Fiscal Year:

PROJECT STATISTICS									
Project Life	Net Project Size (sq. ft.)			Gross Project size (sq. ft.)			Cost Per Gross Square Foot		
	New		Remodel	New		Remodel	New		Remodel
Building Type:									

Project Phases		Base Cost (7/02)	Project Schedule		Adjusted Capital Cost	
			Start	Complete	Percent	Cost
Acquisition Costs						
Design Consultant Services						
Construction Contract Costs:						
	MACC					
	% Contingency					
	% Tax					
Construction Subtotal						
Equipment (include tax)						
Artwork						
Other Costs						
Contract Administration						
Total Cost						

A. ROOM TYPES	Assign-able Sq. Ft.	Number of Stations (1)	FTEs (2)	Weekly Student Hours (3)	Room Utilization Rate (4)	Station Occupancy Ratio (5)
Classroom						
Dry Lab						
Wet Lab						
Computer Lab						
Faculty Office		N/A	N/A	N/A		N/A
Student Assembly		N/A	N/A	N/A		N/A
Non-Assignable Rooms		N/A	N/A	N/A	N/A	N/A

Definitions:
(1) Number of Stations = desks or lab stations
(2) FTE = Full-Time Equivalent Student
(3) Weekly Student Hours = student hours per week in room
(4) Room Utilization Rate = hours per week room is scheduled
(5) Station Occupancy Ratio = percent of stations used during

B. OPERATING AND MAINTENANCE COSTS	Dollars Per Year
Utilities	
Custodial	
Maintenance	
Security	
Landscaping and Ground Maintenance	
Liability and Hazard Insurance	
Tenant Improvements	
Capital Maintenance	
Management Fees	
Furniture	
Maintenance	
Telephone	
Data Processing	
Other Equipment	
Total Operating & Maintenance Cost	

CAPITAL PROJECT REQUEST REPORT SUMMARY		FORM Predesign C-2 (Rev. 6/20/01)
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FORM
Predesign C-2
(Rev. 6/20/01)

	Est. Total	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
Annual Average FTEs (#)	\$ -						
General Fund=State	\$ -						
Total Funds	\$ -						

[illegible][illegible]

STATE OF WASHINGTON
AGENCY/INSTITUTION PROJECT COST SUMMARY

Agency		
Project Name		
Project Number		

Contact Information	
Analysis Date	
Analysis By	
Contact Phone Number	

Statistics	Primary	Secondary	Total
Gross Square Feet	0	0	0
Net Square Feet	0	0	0
Efficiency	0%	0%	0%
Escalated MACC Cost per Sq.Ft.	0	0	0
Building Type			
Is project a remodel?			
A/E Fee Class			
A/E Fee Percentage			

Schedule	Start Date	End Date
Predesign (mm-yyyy)		
Design (mm-yyyy)		
Construction (mm-yyyy)		
Construction Duration (months)	0	

Cost Summary	
Project Phase	Escalated Cost
Project Total	\$0
Consultant Services	\$0
Pre-Schematic Design Services	\$0
A/E Basic Design Services	\$0
A/E Extra Services/Reimbursables	\$0
Other Services	\$0
Design Services Contingency	\$0
Construction	\$0
MACC - Primary	\$0
MACC - Secondary	\$0
GC/CM Risk Contingency	\$0
GC/CM or Design Build	\$0
Contingencies	\$0
Sales Tax	\$0
Other	\$0
Acquisition	\$0
Equipment	\$0
Equipment Tax	\$0
Artwork	\$0
Agency Project Administration	\$0
Other	\$0

Other Details	
Number of C100s Included in Summary	1
Alternative Public Works Project	No
State Construction Inflation Rate	3.00%
Base Month	Jul-2004
Project Administration by	
Project Admin Impact to GA that is NOT included in Project Total	\$0

STATE OF WASHINGTON
AGENCY/INSTITUTION PROJECT COST ESTIMATE

FORM
C100
Version 2.51
May 10, 2004

AGENCY: Enter an Agency Name on the Project Summary sheet OR in this cell.
PROJECT NAME: Enter a Project Name on the Project Summary sheet OR in this cell.
PROJECT NUMBER: Enter a Project Number on the Project Summary sheet OR in this cell.
LOCATION:

Analysis Date:
Analysis By:
Contact Phone #:

WARNING: Design & Construction dates are used to escalate costs. Some sections will have ZERO escalated costs when dates are missing! A Design Date is Missing! A Construction Date is Missing!

STATISTICS:	Primary	Secondary
Gross Square Feet		
Net Square Feet		
Efficiency	0%	0%
Estimated Cost per S.F.	0	0
Building Type:	<input type="text"/>	<input type="text"/>
Is project a remodel?	No	No
A/E Fee Class		
A/E Fee Percentage:	0.00%	0.00%

Contingency Rate:	
Management Reserve:	
Tax Rate:	
Art Requirement Applies:	No
Project Admin by GA:	No
Higher Ed. Institution:	No
Alternative Public Works Project:	No

Project Schedule	Start Date	End Date
1. Predesign (m/d/yyyy):		
2. Design (m/d/yyyy):		
3. Construction (m/d/yyyy):		
4. Construction Duration (in Months):	0	
State Construction Inflation Rate:	3.00%	
Base Month:	Jul-2004	

Project Cost Summary	
Primary MACC (escalated):	\$0
Secondary MACC (escalated):	\$0
Current Project Total:	\$0
Escalated Project Total:	\$0

Includes Formula Overrides:	No
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ITEM	BASE MONTH AMOUNT	FORMULA OVERRIDE	STANDARD FORMULA	ESCALATION FACTOR	ESCALATED COST
A. ACQUISITION COSTS					
1 Purchase/Lease Cost					
2 Appraisal and Closing Costs					
3 Right-of-Way Costs					
4 Offsite Mitigation					
5					
INSERT <--Double-Click Here to Insert a Row					
Total: Acquisition Costs	\$0			1.0000	\$0
B. CONSULTANT SERVICES					
1 Pre-Schematic Design Services					
a. Programming/Site Analysis					
b. Environmental Analysis					
c. Predesign Study					
d.					
INSERT <--Double-Click Here to Insert a Row					
SubTotal: Pre-Schematic Design Services	\$0			0.0000	\$0
2 Construction Documents					
a. A/E Basic Design Services - Up to Bidding (69%)	\$0		\$0		
b. A/E Basic Design Services - Secondary (69%)	\$0		\$0		
SubTotal: Construction Documents	\$0			0.0000	\$0
3 Extra Services					
a. Civil Design (Above Basic Services)					
b. Geotechnical Investigation					
c. Commissioning					
d. Site Survey					
e. Testing					
f. Energy Conservation Report					
g. Voice/Data Consultant					
h. VE Participation & Implementation					
i. Constructability Review Participation					
j. Environmental Mitigation Services (EIS)					
k. Landscape Consultant					
l.					
INSERT <--Double-Click Here to Insert a Row					
SubTotal: Extra Services	\$0			0.0000	\$0
4 Other Services					
a. Bid/Construction/Closeout - 31% of basic services	\$0		\$0		
b. Bid/Construction/Closeout - Secondary	\$0		\$0		
c. HVAC Balancing					
d. Commissioning and Training					
e.					
INSERT <--Double-Click Here to Insert a Row					
SubTotal: Other Services	\$0			0.0000	\$0
5 Design Services Contingency		0.00%			
a.					
INSERT <--Double-Click Here to Insert a Row					
SubTotal: Design Services Contingency	\$0			0.0000	\$0
Total: Consultant Services	\$0				\$0

ITEM		BASE MONTH AMOUNT	FORMULA OVERRIDE	STANDARD FORMULA	ESCALATION FACTOR	ESCALATED COST
C. CONSTRUCTION CONTRACTS						
1	Site Work					
	a. G10 - Site Preparation					
	b. G20 - Site Improvements					
	c. G30 - Site Mechanical Utilities					
	d. G40 - Site Electrical Utilities					
	e. G60 - Other Site Construction					
	f.					
INSERT	<--Double-Click Here to Insert a Row					
	SubTotal: Site Work	\$0			0.0000	\$0
2	Related Project Costs					
	a. Off site improvements					
	b. City Utilities Relocation					
	c. Parking Mitigation					
	d. Stormwater Retention/Detention					
	e. Wetland Mitigation					
	f.					
INSERT	<--Double-Click Here to Insert a Row					
	SubTotal: Related Project Costs	\$0			0.0000	\$0
3A	Facility Construction - Primary					
	a. A10 - Foundations					
	b. A20 - Basement Construction					
	c. B10 - Superstructure					
	d. B20 - Exterior Closure					
	e. B30 - Roofing					
	f. C10 - Interior Construction					
	g. C20 - Stairs					
	h. C30 - Interior Finishes					
	i. D10 - Conveying					
	j. D20 - Plumbing Systems					
	k. D30 - HVAC Systems					
	l. D40 - Fire Protection Systems					
	m. D50 - Electrical Systems					
	n. F10 - Special Construction					
	o. F20 - Selective Demolition					
	p. General Conditions					
	q.					
INSERT	<--Double-Click Here to Insert a Row					
	SubTotal: Facility Construction - Primary	\$0			0.0000	\$0
	Maximum Allowable Construction Cost (MACC) - Primary	\$0				\$0
3B	Facility Construction -Secondary (By Building System)					
	a. A10 - Foundations					
	b. A20 - Basement Construction					
	c. B10 - Superstructure					
	d. B20 - Exterior Closure					
	e. B30 - Roofing					
	f. C10 - Interior Construction					
	g. C20 - Stairs					
	h. C30 - Interior Finishes					
	i. D10 - Conveying					
	j. D20 - Plumbing Systems					
	k. D30 - HVAC Systems					
	l. D40 - Fire Protection Systems					
	m. D50 - Electrical Systems					
	n. F10 - Special Construction					
	o. F20 - Selective Demolition					
	p. General Conditions					
	q.					
INSERT	<--Double-Click Here to Insert a Row					
	SubTotal: Facility Construction -Secondary (By Building System)	\$0			0.0000	\$0
	Maximum Allowable Construction Cost (MACC) - Secondary	\$0				\$0
4	GC/CM Risk Contingency - NOT APPLICABLE					
5	GC/CM or Design Build Costs - NOT APPLICABLE					
6	Construction Contingencies					
	a. Management Reserve	0.00%	\$0	\$0		
	b. Allowance for Change Orders	0.00%	\$0	\$0		
	c.					
INSERT	<--Double-Click Here to Insert a Row					
	SubTotal: Construction Contingencies		\$0		0.0000	\$0
7	Sales Tax	0.00%	\$0	\$0		
	a.					
INSERT	<--Double-Click Here to Insert a Row					
	SubTotal: Sales Tax		\$0		0.0000	\$0
Total: Construction Contracts			\$0			\$0
D. EQUIPMENT						
1	E10 - Equipment					
2	E20 - Furnishings					
3	F10 - Special Construction					
4						
INSERT	<--Double-Click Here to Insert a Row					
	SubTotal: Equipment		\$0		0.0000	\$0

ITEM			BASE MONTH AMOUNT	FORMULA OVERRIDE	STANDARD FORMULA	ESCALATION FACTOR	ESCALATED COST
99	Sales Tax	0.00%	\$0		\$0		
100							
INSERT	<--Double-Click Here to Insert a Row						
	SubTotal: Sales Tax		\$0			0.0000	\$0
Total: Equipment			\$0				\$0
E.	ARTWORK						
1	Project Artwork		N/A		N/A		
2	Higher Education Artwork		N/A		N/A		
3							
INSERT	<--Double-Click Here to Insert a Row						
Total: Artwork			\$0			1.0000	\$0
F.	OTHER COSTS						
1	Mitigation Costs						
2	Hazardous Material Remediation\Removal						
3							
INSERT	<--Double-Click Here to Insert a Row						
Total: Other Costs			\$0			0.0000	\$0
G.	PROJECT MANAGEMENT						
1	Agency Project Management		\$0		\$0		
2							
INSERT	<--Double-Click Here to Insert a Row						
Total: Project Management			\$0			1.0000	\$0
GRAND TOTAL			\$0				\$0
NOTES							

Capital Budget Applicants Questionnaire

1. Is your project in a county or city that is required to fully plan (according to RCW 36.70A.040) under the Growth Management Act? If the answer to this question is no, you do not have complete any more questions. ☐ YES ☐ NO
2. Is your project identified in the host county's or city's comprehensive plan? ☐ YES ☐ NO
3. Is your project identified in the host county's or city's capital facilities plan? ☐ YES ☐ NO
4. Is your project located in an identified urban growth area? (Please attach map showing project location and location of urban growth area) ☐ YES ☐ NO
5. If your project is located in an adopted urban growth area, does the project facilitate, accommodate, or attract planned for growth? ☐ YES ☐ NO
 - a. What entity has analyzed the impacts on planned for growth in the host city's or county's urban growth area (for example, your agency, the host jurisdiction, etc.)?
 - b. Is there a document that contains this information? If so, indicate document and attach the appropriate pages from that document? If not, attach an explanation.
6. If this project is located outside an urban growth area, will this project create pressures for additional development? ☐ YES ☐ NO
 - a. What entity has analyzed the impacts on planned for growth outside the urban growth area (for example, your agency, the host jurisdiction, etc.)?
 - b. Is there a document that contains this information? If so, indicate document and attach appropriate pages that contains this analysis. If not, attach an explanation.
7. Has there been coordination among the governments in the region during the development of this project? ☐ YES ☐ NO

Is there a document that contains this information? If so, indicate document and attach appropriate pages that contains this analysis. If not, attach an explanation.
8. What local and additional funds were leveraged, if any?
9. Were the environmental outcomes and the reduction of adverse impacts examined? ☐ YES ☐ NO

Is there a document that contains this information? If so, attach the appropriate pages from that document. If not, attach an explanation.

Expected Use of Bond/COP Proceeds

Agency #:	_____	Agency Name:	_____
Contact Name:	_____	Fax #:	_____
Phone #:	_____	E-mail address:	_____
Fund(s) #:	_____	Fund Name:	_____
Project #:	_____	Project Title:	_____

1. Will any portion of the project or asset ever be **owned** by any entity other than the state or one of its agencies or departments?
☐ Yes ☐ No
2. Will any portion of the project or asset ever be **leased** to any entity other than the state or one of its agencies or departments?
☐ Yes ☐ No
3. Will any portion of the project or asset ever be **managed or operated** by any entity other than the state or one of its agencies or departments?
☐ Yes ☐ No
4. Does the project involve a public/private venture, or will any entity other than the state or one of its agencies or departments ever have a **special priority or other right** to use any portion of the project or asset to purchase or otherwise acquire any output of the project or asset such as electric power or water supply?
☐ Yes ☐ No
5. Will any portion of the expenditures be **granted or transferred** to nongovernmental entities **or granted or transferred** to other governmental entities which will use the grant for nongovernmental purposes?
☐ Yes ☐ No
6. If you have answered "Yes" to any of the questions above, will your agency or any other state agency **receive any payments from any entity**, other than the state or one of its agencies or departments or any local government units, for the use of, or in connection with, the project or assets?
☐ Yes ☐ No
7. Will any portion of the project or asset, or rights to any portion of the project or asset, ever be **sold** to any entity other than the state or one of its agencies or departments?
☐ Yes ☐ No
8. Will any portion of the expenditures be **loaned** to nongovernmental entities **or loaned** to other governmental entities that will use the loan for nongovernmental purposes?
☐ Yes ☐ No

- **If the answer to any one of questions 1 through 5 is yes and answers to 6, 7 and 8 are no, request tax exempt funding.**
- **If the answer to any one of questions 1 through 5 is yes and 6 is yes, request taxable funding from Fund 355.**
- **If the answer to all of questions 1 through 6 are no and the answer to either question 7 or 8 is yes, request taxable funding from Fund 355.**

Keep this form on file. If the Office of the State Treasurer, Bond Counsel or the Office of Financial Management have questions, this form may be requested.

NARRATIVE DESCRIPTION OF BACKLOG REDUCTION PLAN

Agency _____ Contact _____ Phone _____

Please provide complete narrative answers to each of the following questions.

1. Please describe your agency's maintenance preservation plan. Is it based on a standardized building/facility condition assessment process and applied to each of your locations?
2. Have all of your facilities and locations been accessed and the preservation needs integrated into the plan? What remains, and what is the time frame for integrating all facilities into a standardized assessment process?
3. What criteria is used to set maintenance project priorities and explain the process you have to update and integrate new projects into the plan, or remove unnecessary projects from the current list.
4. Is your process for establishing and monitoring preservation needs complete, or is it still in development? What remains, and what is the time frame for integrating all facilities into a standardized assessment process?
5. How did you determine the amount of project requests for each biennium in the maintenance preservation backlog reduction plan? At what point will your facilities reach what you consider an acceptable condition level?
6. On a separate page, list your prioritized capital preservation projects, estimate of project cost and fund source for each project. This list should specify each project in the first three biennia of the Capital Plan, and types of projects for the last two biennia.

**State of Washington
Office of Financial Management
Annual Maintenance Summary Report**

Page 1 of 3

AGENCY/INSTITUTION _____ **DATE** ____/____/____

COMPLETED BY _____ **TITLE** _____

PHONE NUMBER () ____-____

The document is completed using statewide definitions of terms adopted by OFM. Condition assessment categories are consistent with those in the OFM Facility Inventory System. Information contained herein represents the best approximation of costs and FTEs available.

BACKGROUND

1. State Owned Facilities

Number of Campuses/Sites	Number of Facilities	Gross Square Feet

2. What facilities are scheduled to be brought on line this biennium?

Facility Name	Function	Gross Square Feet	Occupancy Date

3. Square feet of facilities in each of the following categories based on condition definitions in the attachment to this policy.

	Superior	Adequate	Needs Improvement	Vacant or Demolition	No Assessment
Age (*)					
Less than 10 years					
Between 10 and 30					
Over 30 years					

* Based on date of construction or latest date of a major remodel.

FACILITY MANAGEMENT

4. Expenditure history over the past year for state owned space (*).

	Operating	Capital	Total	\$/GSF
Maintenance				
Preventative/Predictive		N/A		
Corrective		N/A		
Preservation	N/A			
Utility Cost		N/A		

*Above costs do not include janitorial, landscape maintenance, and other operating costs such as refuse and recycling, parking management, boiler plant operations, law enforcement and security, property management, visitor information, tour services, fire protection and life safety services, etc.

**State of Washington
Office of Financial Management
Annual Maintenance Summary Report**

Page 2 of 3

AGENCY/INSTITUTION _____ **DATE** ____/____/____

5. Do you operate a computerized maintenance management program? ☐ Yes ☐ No
System Name _____

6. Identify state funded operating budget FTEs
- | | |
|--------------------------------|-------------------------|
| Prior year maintenance staff | _____ (FTE) |
| Current year maintenance staff | _____ (FTE) |
| Future year maintenance staff | _____ (FTE - estimated) |

7. What is the percentage of infrastructure in each of the following categories?

	Superior	Adequate	Needs Improvement
	%	%	%
Roads and Walks			
Sewers			
Water Distribution			
Steam and Condensation			
Other			

8. Are there any specific operating budget maintenance initiatives, or capital budget preservation initiatives being undertaken this biennium? ☐ Yes ☐ No

9. Additional Comments?

This form is to be filled out by agencies that have more than 150,000 gross square feet of state owned space. In addition, agencies with multiple program locations will also be asked to complete a separate maintenance survey for each site/institution with more than 150,000 gross square feet of state owned space.

State of Washington
Office of Financial Management
Annual Maintenance Summary Report

Page 3 of 3

Definitions to be used for questions 3 and 7.

FIS Condition Code	Description	General Criteria/Guideline
1	Superior	<ul style="list-style-type: none">• New construction, major remodel, or recently refurbished systems and finishes.• Maintained adequately with routine maintenance• Little or no corrective maintenance required• Little or no deferred maintenance
2	Adequate	<ul style="list-style-type: none">• Finishes are generally worn but major systems and overall facility is in reasonable shape• Maintained adequately with routine maintenance• Some minor works projects proposed to upgrade system components and finishes• Beginning to see some corrective maintenance• Relatively small amount of deferred maintenance
3	Needs Improvement	<ul style="list-style-type: none">• Facility has potential for imminent systems failure or is facing large repair cost• Facility requires substantial maintenance effort• Increased demands for corrective maintenance• Substantial deferred maintenance
4	Vacant Building	<ul style="list-style-type: none">• Facility may be minimally occupied or used for a less technical requirement, i.e., storage• The future use or demolition of the facility has not be determined, facility may be salvageable• Facility is maintained to a limited degree (mothballed), but is kept dry and heated• Major amount of deferred maintenance
5	Scheduled for Demolition	<ul style="list-style-type: none">• Occupied or vacant and scheduled for replacement or demolition within 10 years• Only maintenance or repairs are those that are absolutely necessary for public safety or for continued limited use
9	No Assessment Made	<ul style="list-style-type: none">• No condition assessment has been made• This is the default entry in the Facility Inventory System if a rating is not supplied

This form is available electronically at: <http://www.ofm.wa.gov/budget/instructions/allotment/maintsum.doc>

**State of Washington
Office of Financial Management
Accounting and Administrative Services Division
Statewide Financial Systems**

**BUDGET AND ALLOTMENT SUPPORT SYSTEM (BASS)
SECURITY MAINTENANCE**

Leave shaded areas blank

Select Systems:	Security Level			Action	
	Budget Ops	Edit Access	Read Only	Add Access	Delete Access
Performance Measure Tracking Estimates System (PMTES)					
Automated Upload Transaction Option (AUTO)					
Budget Reporting System (BRS) <i>(formerly VRS)</i>					
BPS1 Extract					
Budget Development System (BDS)					
Capital Budgeting System (CBS)					
Salary Projection System (SPS)					
Data Release to OFM:					
<input type="checkbox"/> PMTES <input type="checkbox"/> BDS <input type="checkbox"/> CBS					
State Intranet Access (if you can access swfs.ofm.wa.gov, you have access).					

User Identification:

Login ID: ** |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| (Required only for new BASS users)

** First five characters are agency code (3), sub-agency code (1) and reserved for future use (1) (default to 0). (eg. 10500 is OFM)

Next eight characters at agency discretion with first three characters required (local area network ID is recommended).

Agency Code #: |_|_|_|_|_|_|_|_| Agency Name: _____

User Name: _____

Telephone: (____) _____ FAX: (____) _____

E-Mail Address: _____

Requested by: _____ Date (mm/dd/yyyy): ____/____/____

Telephone #: (____) _____ Effective Date (mm/dd/yyyy): ____/____/____

Approval (REQUIRED):

Approval Signature: _____

Approval Name (please print): _____

Telephone #: (____) _____ Date (mm/dd/yyyy): ____/____/____

Send **original** form to:

*Financial Systems Security Administrator
OFM Accounting & Statewide Financial Systems
PO Box 43113
Olympia, WA 98504-3113*

For prompt service, FAX completed form to (360) 586-3964. **Please also send the original form.**

(OFM USE ONLY)

Product Manager Approval: _____ Date: _____

User record entered by: _____ Date: _____